

03-07-01

**NON-PROVISIONAL
UTILITY PATENT APPLICATION
TRANSMITTAL - 37 CFR 1.53(b)**

[X] Duplicate
(check, if applicable)

Assistant Commissioner for Patents
BOX PATENT APPLICATION
Washington, DC 20231

Attorney Docket No. 209960.0004(1U3)
First Named Inventor: Chad Stephen Gephart et al.
Express Mail Label No. EL631609115US
Total Pages of Transmittal Form: 2

Transmitted herewith for filing is the non-provisional utility patent application entitled:

MEDICAL DIAGNOSTIC SYSTEM

which is:

an ☒ Original; or

a ☐ Continuation, ☐ Divisional, or ☐ Continuation-in-part (CIP)
of prior Application No. _____ filed _____.

Anticipated Group/Art Unit: ____ or Class ___, Subclass _____.

☒ This non-provisional patent application is based on Provisional Patent Application Nos.
60/188,115, filed March 9, 2000 and 60/219,357, filed July 19, 2000.

Enclosed are:

- ☒ Specification (including Abstract) and claims: 50 pages.
- ☒ Application Data Sheet.
- ☒ Newly executed Declaration (original).
- ☐ Copy of Declaration from prior application.
- ☐ Separate Power of Attorney (including 37 CFR 3.73(b) statement, if applicable).
- ☒ Twenty-One (21) sheets of drawings (formal) plus one copy.
- ☐ Transmittal Letter Accompanying Submission of Compact Disc in Accordance with 37 C.F.R. §1.52(e), plus two identical compact discs (for computer program Appendix)
- ☐ Nucleotide and/or Amino Acid Sequence Submission, including:
 - ☐ Computer readable copy
 - ☐ Paper Copy
 - ☐ Verified Statement.
- ☒ Under PTO-1595 Cover Sheet, an assignment of the invention
- ☒ Name of Assignee: Clinical Analysis Corporation
- ☐ Certified copy(ies) of ___ Application No(s). ___ filed ___ is/are filed:
 - ☐ herewith
 - or
 - ☐ in prior application ___.
- ☒ Applicant(s), by their undersigned attorney, claim(s) Small Entity Status under 37 C.F.R. §1.27 as ☐ an Independent Inventor, or ☒ a Small Business Concern, or ☐ a Non-Profit Organization.
- ☐ Preliminary Amendment.
- ☐ Information Disclosure Statement, PTO-1449, and cited references.
- ☐ Request for Nonpublication of Application Under 35 U.S.C. §122(b)



☐ Other: _____

The filing fee is calculated as follows:

			SMALL ENTITY		LARGE ENTITY	
CLAIMS	NO. FILED	NO. EXTRA	BASIC FEE: \$355		BASIC FEE: \$710	
Total	60-20 =	40	X9	\$ 360.00	OR	X18 \$
Independent	3-3 =	0	X40	\$ 0	OR	X80 \$
<input type="checkbox"/> Multiple Dependent Claims Present			\$135	\$	OR	\$270 \$
			TOTAL	\$ 715.00	OR	TOTAL \$

- ☐ The Commissioner is not authorized to charge the filing fee at this time as we elect to defer payment of the entire filing fee until receipt of a Notice to File Missing Parts.
- ☒ A check in the amount of \$715.00 to cover the filing fee and a check in the amount of \$40.00 to cover the Assignment recordation fee are enclosed.
- ☒ The Commissioner is hereby authorized to charge and/or credit **Deposit Account No. 50-1017 (Billing No. 209960.0004)** as noted below. A duplicate copy of this sheet is enclosed.
- ☒ Any overpayments or deficiencies in the above-calculated fee.
- ☐ Filing fee in the amount of \$_____ as calculated above.
- ☒ Any additional fees required under 37 C.F.R. § 1.16 and § 1.17.
- ☒ In the event that a Petition for Extension of Time is required during the prosecution of this application, but not submitted, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account noted above.

CORRESPONDENCE ADDRESS:

3/5/2001

(Date)

By: _____

LESLIE L. KASTEN, JR.

Registration No. 28,959

AKIN, GUMP, STRAUSS, HAUER & FELD, L.L.P.

One Commerce Square

2005 Market Street - Suite 2200

Philadelphia, PA 19103

Telephone: 215-965-1200

Direct Dial: 215-965-1290

Facsimile: 215-965-1210

E-Mail: lkasten@akingump.com

☒ Customer Number or Bar Code Label: **000570**

LLK/dlg

Enclosures